

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99602 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

May 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Infant of Lizzierd Peter Dean

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years,

— Months,

22

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 615 Jasper St

Cause of Death, { First (Primary),
Second (Immediate), }

Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Charl St

Date of Burial,

May 4th 1887

Undertaker,

John H. Owens

Place of Business,

Rooms of A. H. H. M. D.
Com. of Health ~~Registrar~~
Address, 220 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Walter C. Roberts Inspector [OVER.]

Health Department, City of Baltimore.

Permit No. 99603 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

May 30 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

David Parcella

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

2

Months.

15

Days

Color,

white

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

502 President St. (old no. 59)

Cause of Death, { First (Primary). }

Second (Immediate),

Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery

Date of Burial, May 4 "1887

{ Undertaker, J. P. Byrne }

{ Place of Business, 302 A Gay }

J. P. Barnes

M. D.

Medical Attendant.

Address, 1030 E. Baltimore St.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99604

Office of Registrar of Vital Statistics.

Ward 0

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

MAY 4 1887

BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death,

May 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Albert J. Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years,

Months,

Color, Black

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Mulberry Court # 817

Cause of Death, { First (Primary), Second (Immediate), }

Mal-nutrition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

about 3 weeks

Place of Burial, Shorpe & Cemetery

Date of Burial, May 4 1887

{ Undertaker, William Dwyer }

{ Place of Business, 150 East St. }

L. G. Sparrow M. D.

Medical Attendant.

Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is especially invited to the remarks below, and to list of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 99605 Office of Registrar of Vital Statistics. Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 4 1887

BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death,

May 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rosa Adele Amy

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Amer

Age, Years,

47 Months, 5 Days.

Color,

White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balto M^o

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

During life

Duration of Residence in the City of Baltimore,

1730 Banks St

Place of Death, { Give Street and Number. }

Due to Phthisis

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, eff. 23rd Street.

D. A. Cooke M. D.

Date of Burial, May 5

Medical Attendant.

Undertaker, B. Hale

Place of Business, 115 West Street Address, 104 Post av

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99606 Office of Registrar of Vital Statistics. Ward 207

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

MAY 4 1887



Date of Death,

May 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ruth Ambler.

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months,

23 Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

23 days

Place of Death, { Give Street and Number. }

907 Abingdon Av

Cause of Death, { First (Primary),

Inanition

Second (Immediate),

"

Duration of Last Sickness,

23 days

All the above information should be furnished by the Physician.

Place of Burial, Fallow Harford Co. Md.

Date of Burial, May 4th 1887

Undertaker, Mr. F. F. Fawcett

Place of Business, 1738 N. Euloeur

Address, 505 St. Carrollton Av.

John D. Pennington M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

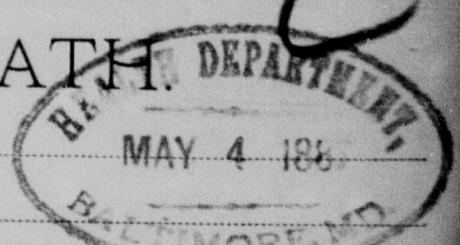
Health Department, City of Baltimore.

Permit No. 960 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.



Date of Death, May 4 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Heck

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 24 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 3 1/2 yr

Place of Death, { Give Street and Number. } 225 (old) Eastern Ave.

Cause of Death, { First (Primary), Puerperal Septicemia
Second (Immediate), Exhaustion }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, May 5 - 87

{ Undertaker, Michael Punkt Samuel McBruder M. D.

Medical Attendant.

{ Place of Business, 1803 Banks Address, 711 Banks St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

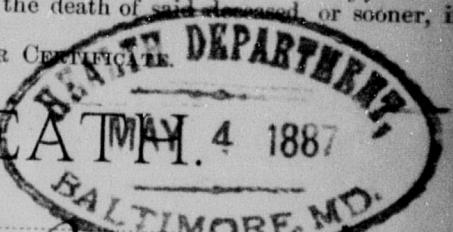
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99608 Office of Registrar of Vital Statistics. Ward 201

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CERTIFICATE OF DEATH

Date of Death,

May 4, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Laughlin

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

74 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

46 years

Place of Death, { Give Street and Number. }

840 Edmondson Ave

Cause of Death, { First (Primary),

Bright's Disease

Second (Immediate),

4 4

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial, Salto Cem

Date of Burial, May 4, 1887

For Opie

Undertaker, F. Lewis Schaefer M. D.

Medical Attendant.

Place of Business, 316 N Fremont Address, 601 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 99609 Office of Registrar of Vital Statistics. Ward 10

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CERTIFICATE OF DEATH

Date of Death,

May 4th, 1881



Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Keppe

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 61 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation, Grocer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

121 Pine St

Cause of Death, { First (Primary),

Eczema facialis, & chronic hepatitis

Second (Immediate),

Double pneumonia

Duration of Last Sickness,

One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 6th, 1881

Undertaker, F. Louis Schaefer

Louis Schaefer

M. D.

Medical Attendant.

Place of Business, 316 N Howard

Address, corner Mulberry & Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9961

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death,

May 3rd 1887

MAY 4 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bridget Donnelly

Sex, Male or Female, { Cross out the word not required in this line. }

Female Donnelly

Age, 54

Years,

Months,

Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland.

Duration of Residence in the City of Baltimore,

35 years.

Place of Death, { Give Street and Number. }

1045- Arlington Avenue

Cause of Death, { First (Primary),

Aphoplexy

Second (Immediate),

24 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 5th 1887

Undertaker, M. Padavan

Place of Business, 227 Mulberry Street, 414 N. Greene St.

Louis W. Knight M. D.

Medical Attendant.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99611 Office of Registrar of Vital Statistics. Ward 14th

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 4 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John J. Berry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Clark

Occupation,

Baltimore, Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Since birth

Duration of Residence in the City of Baltimore,

10 Watson St.

Place of Death, { Give Street and Number. }

Central Softening

Cause of Death, { First (Primary),

Heart Failure

Second (Immediate),

6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

J. G. Meyer

M. D.

Date of Burial, May 6th

Medical Attendant.

Undertaker, Geo Schilling

4 Dr. Fisher St.

Place of Business, E. Landman

Address,

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[OVER.]